

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

69155 7002

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55	/					
6		/					56		/				
7	/						57	/					
8		2					58		/				
9		2					59		/				
10		2					60		/				
11		2					61						
12		2					62						
13	/						63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19	/						69						
20	/						70						
21		/					71						
22	/						72						
23		/					73						
24	/						74						
25		/					75						
26	/						76						
27	/						77						
28		9					78						
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33	/						83						
34	/						84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	17						TOTAL IND.						
TOTAL DEP.	51						TOTAL DEP.						
TOTAL CLAIMS	68						TOTAL CLAIMS						